Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TX HEALTH DBA INJURY 1- DALLAS
9330 LBJ FREEWAY, STE 1000
DALLAS, TX 75243

Respondent Name
TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box
Box Number 54

MFDR Tracking Number
M4-12-0245-01

MFDR Date Received
SEPTEMBER 26, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CPT codes 97545 WHCA & 97546 WHCA was preauthorized, #9082463. Also, we are CARF accredited therefore preauthorization is not required."

Amount in Dispute: $512.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor provided the work hardening 4/11/11, 4/12/11, 4/14/11, 4/15/11, 4/16/11, 4/18/11, 4/20/11, 4/21/11, 4/22/11, 5/9/11, and 5/23/11. (Attachment 2) Dates 4/11/11 through 5/9/11 are within the authorized time frame to provide the services, date 5/23/11 is outside the preauthorization."

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 23, 2011	97545-WH-CA 97546-WH-CA	$512.00	$512.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.600 sets out the guidelines for services requiring preauthorization.
3. 28 Texas Administrative code §134.204 sets out the guidelines for reimbursement of workers' compensation specific services rendered on or after March 1, 2008.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated July 15, 2011
   - CAC-B5 – Coverage/Program guidelines were not met or were exceeded.
   - CAC-197 – Precertification/Authorization/Notification absent.

- 728 – This bill was reviewed/denied in accordance with your First Health contract. For questions please call 1-800-937-6824.
- 786 – Denied for lack of preauthorization or preauthorization denial in accordance with the network contract.

Issues

1. Was the requestor required to request preauthorization for disputed services?
2. Did the requestor bill in accordance with 28 Texas Administrative code §134.204(h)? Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.600 (a)(4) states, "Division exempted program: a Commission on Accreditation of Rehabilitation Facilities (CARF) accredited work conditioning or work hardening program that has requested and been granted an exemption by the division from preauthorization and concurrent review requirements except for those provided by subsections (p)(4) and (q)(2) of this section." Review of the requestors' documentation finds that the requestor is a CARF accredited facility therefore, is exempt from requesting preauthorization in accordance with 28 Texas Administrative Code §134.600 (a)(4).
2. 28 Texas Administrative code §134.204(h)(1) (A) states, "If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR." 28 Texas Administrative code §134.204(h)(3)(A) & (B) states, "(A) The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier "WH." Each additional hour shall be billed using CPT Code 97546 with modifier "WH." CARF accredited Programs shall add "CA" as a second modifier" and "(B) Reimbursement shall be $64 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes." Review of the requestor's documentation supports the services as billed. Therefore, reimbursement is recommended in accordance with 28 Texas Administrative code §134.204(h) as follows:

   CPT Code 97545-WH-CA: $64 x 2 hrs = $128.00

   CPT Code 97546-WH-CA: $64 x 6 hrs = $384.00

Conclusion

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is $ 512.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $512.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	02/25/2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.